PLEASE TYPE OR PRINT		0
Ms. Mr. Artist Carla Chelp	Ka (Last Name La	ast)
Permanent Address 170 Spaulding Dr. Street		<u> </u>
44240 Tel. (210) 679-	3673	
Zip Area Code		
Temporary Address		
Street	City	
Tel. (
Zip Area Code	PORTAGE	
Permanent address is in what county?		
Born in Cuyahoga County Yes No		
Collaborator		
(If Any)		
If entries are not accepted or not sold:		
Artist will pick up entries at Museum.		
☐ Museum should dispose of entries.		
Museum should ship entries to artist C.O.D. at this address:		
STATE OF THE STATE		

The attached card will be returned to you as notification of acceptance or rejection by the last week in April.

THE RETURNED CARD IS YOUR ONLY RECEIPT TO CLAIM YOUR ENTRIES. Do not lose it.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by the dates listed below.

It is also understood that accepted entries will remain on exhibition until June 10, 1973.

The submission of entries will be construed as acceptance of all conditions printed in the entry information.

Signature Larla Chelpka

CATEGORY 1. Paintings 2. Graphics 3. Photography ENTRY ONE 4. Sculpture 5. Electric 6. Crafts Medium or Materials ahas Title Size Price or NFS Insurance Value If NFS Only 14" x 14" x 14" GRAPHICS AND PHOTOGRAPHY ONLY Price Additional Price Total No. Additional of Frames No. of Frames Unframed No. For Sale in Edition For Sale ACCEPTED REJECTED DO NOT WRITE IN THIS SECTION FEE PAID BY CATEGORY 1. Paintings 2. Graphics 3. Photography ENTRY TWO 4. Sculpture 5. Electric ☐ 6. Crafts Medium or Materials Title Insurance Value Size Price or NFS If NFS Only GRAPHICS AND PHOTOGRAPHY ONLY Price Additional Price Total No. Additional No. of Frames of Frames Unframed No. For Sale in Edition For Sale REJECTED DO NOT WRITE IN THIS SECTION ACCEPTED

BY

RECEIVED